

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 391856915

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	3					
TOTAL DEP.	6	↔	↔	↔		
TOTAL CLAIMS	9	████████	████████	████████	████████	████████

TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS		████████	████████	████████
		████████	████████	████████

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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